



BOARD OF HEALTH
TOWN OF FOXBOROUGH
 MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
 Tel. (508) 543-1207
 Fax (508) 543-6278

FOUNDERS DAY FOOD APPLICATION
DUE IN BY MAY 9, 2012

Application for A Permit to Operate a
Non-Profit Temporary Food Establishment

(You must submit your application 30 calendar days before proposed opening day.)

BHP- _____

DATE REC'D _____

CHECK # _____

FOUNDER'S DAY(Check this box)

Name of Non-Profit Organization: _____

Address of Non-Profit Organization: _____

Telephone Number: _____

Name of Applicant: _____ Telephone #: _____

Mailing Address: _____

Telephone Number: _____

Emergency Response Person: _____ Home Phone: _____

Date of Operation: _____ Hours of Operation: _____

(PERMIT MUST BE POSTED THE DAY OF EVENT)

What will your organization be selling/giving away: _____

(check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Water | <input type="checkbox"/> Soda |
| <input type="checkbox"/> Prepackaged candy | <input type="checkbox"/> Prepackaged Ice-Cream |
| <input type="checkbox"/> Bagged Ice | or ice from another source: _____ (needs approval) |
| <input type="checkbox"/> Hamburgers | |
| <input type="checkbox"/> Hotdogs | <input type="checkbox"/> Sausages |
| <input type="checkbox"/> Other _____ | |

Using a fryolator Yes No
 (If yes, where is grease disposed of) _____

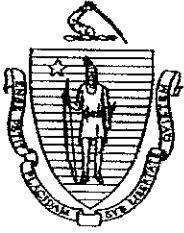
Using a grill Yes No
 (If yes, you need approval by the Fire Department)

No Potentially Hazardous Foods are allowed, other than hamburgers, hotdogs and sausages. If selling hamburgers, a Certified Food Operator is required.

CFO (ATTACH A COPY OF CERTIFICATE): _____

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code. (The Mass. Sanitary Code for Food Establishments can be obtained by calling the State House Bookstore at 617-727-2834 or 508-646-1374, and on-line at www.state.ma.us/dph/fpp.

Signature of Applicant: _____ Date: _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am an employer with _____ employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia



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CHECKLIST FOR NON-PROFIT TEMPORARY FOOD BOOTHS FOR
FOUNDERS DAY

- APPLICATION** A completed application is to be submitted to the Board of Health a minimum of *30 days prior* to Founders Day.
- DRY STORAGE** All food, equipment, utensils and single service items shall be stored above the floor on pallets or shelving, and protected from contamination.
- COLD STORAGE** Refrigeration units shall be provided to keep potentially hazardous foods at 41° F. or below. Frozen foods shall be kept **FROZEN**. Any insulated containers shall be approved by the Board of Health.
- HOT STORAGE** Hot food storage units shall be used where necessary to keep potentially hazardous foods at 140° F. or above.
- THERMOMETERS** Each refrigeration unit shall have a numerically scaled thermometer to measure the air temperature of the unit

A metal stem thermometer shall be provided where necessary to check the internal temperatures of both hot and cold food. Thermometers must be accurate. The internal temperature of **Hamburgers** (160°) must be checked. T-Sticks are acceptable.
- FOOD ALLERGY AWARENESS**
(If You Sell Food) You must place an 8.5 x 5.5 Tent Card sign on your table that reads: **Please inform the server before placing your order if you have a food allergy.**
- FOOD DISPLAY** All food shall be protected from customer handling, coughing, or sneezing, by wrapping, sneeze guards or other effective barriers.
- FOOD PREPARATION** All cooking and serving areas shall be protected from contamination. BBQ areas shall be roped off or otherwise segregated from the public.

- **HANDWASHING** A Minimum five-gallon insulated container with a spigot, and a basin, soap and paper towels shall be provided for handwashing. The container shall be filled with warm water. The Board of Health may approve toweletts.

Bare hand contact with any ready to eat food is not allowed. Gloves, deli tissue, or spatulas shall be used.

- **HEALTH** Employees shall not have any open cuts or sores, and be free of illness.

- **HAIR RESTRAINTS** Hats or hair nets shall be worn when preparing any type of food or assembly of food. Aprons shall be worn.